



361 2nd Street NW
Hickory, NC 28613

Phone: 828.322.8249
Fax: 828.327.6353

NEW OFFICE MEMBERSHIP INFORMATION

To join the MLSCV requires the following steps:

- MLS Application should be completed and submitted with the MLS Participant's signature. Return the application including **the \$600 application fee.**
- **A Letter of Good Standing, for the Broker-In-Charge, from their Primary Association confirming their dues are current, must be included.**
- **The MLS Participant (Broker in Charge) is required to attend our next scheduled Orientation.**

Once all these steps are taken, any licensee in the firm may join the MLSCV. Service fees are as follows: \$75 MLS Participant/\$55 Subscriber per month, per person. A \$250 joining fee will also be assessed for each subscriber.

If a licensed individual affiliated with this office does not have access to, or does not utilize the service, the MP may apply for a waiver which would exempt that particular individual from subscribing to the service. Waivers must be renewed annually.

Note: Listings that are co-listed with other licensees who are not members or subscribers of the MLSCV must not be entered into the MLSCV.

If you have any further questions, please give us a call.

Terri Smith
MLS Membership Director



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APPLICATION TO PARTICIPATE

I, THE UNDERSIGNED HEREBY REQUEST MEMBERSHIP IN THE MULTIPLE LISTING SERVICE OF CATAWBA VALLEY, INC.

Participant Name: _____ NC License #: _____

Office Name: _____

Office Address: _____
City State Zip

Office Phone: _____

I UNDERSTAND ATTENDANCE OF THE NEXT SCHEDULED MLS ORIENTATION CLASS IS MANDATORY. SHOULD THE MLS PARTICIPANT NOT ATTEND THE FIRST SCHEDULED ORIENTATION, MLS SERVICES MAY BE INACTIVATED UNTIL SUCH TIME AS ORIENTATION IS COMPLETED. IF THE INDIVIDUAL DOES NOT SATISFY ALL OF THE REQUIREMENTS OF MEMBERSHIP WITHIN 180 DAYS FROM THE RECEIPT OF THE APPLICATION, MEMBERSHIP SHALL BE TERMINATED. IF A MEMBERSHIP IS TERMINATED, REINSTATEMENT REQUIREMENTS WILL BE REVIEWED.

I AGREE TO ADHERE TO THE MLS BY-LAWS, RULES AND REGULATIONS, POLICIES, PROCEDURES AND GUIDELINES, MAKE PROMPT PAYMENT OF ALL CHARGES AND FEES WHICH ARE NOW PROVIDED FOR, OR AS MAY BE PROVIDED FOR HEREAFTER, AND I WILL MAKE PAYMENT OF THE MONTHLY BILLING BY THE 20TH OF THE MONTH. MY CHECK MADE PAYABLE TO MLSCV IN THE AMOUNT OF \$600 IS ATTACHED TO THIS APPLICATION.

UPON TERMINATION OF MEMBERSHIP FOR ANY CAUSE, I WILL IMMEDIATELY DISCONTINUE THE USE OF THE DESIGNATED MLS SERVICE MARK OF THE NATIONAL ASSOCIATION OF REALTORS®.

Participant Signature _____

Date _____

REQUESTED START DATE: _____

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DATE RECEIVED _____

OFFICE NUMBER _____

PAYMENT RECEIVED _____

MLS ORIENTATION DATE _____



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OFFICE INFORMATION

Office Name: _____

Physical Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Mailing Address: _____
Address *Apartment/Unit #*

City *State* *ZIP Code*

NRDS # (if applicable): _____ License # _____

Office Phone: _____ Office Fax: _____

Other Phone: _____

Email: _____

Website: _____

For Office Use Only

Date Activated: _____

MLS Office #: _____



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info@catawbavalleyrealtors.com

SUBSCRIBER INFORMATION

Full Name: _____
Last First M.I.

Nickname: _____ Check One: Mr. Mrs. Ms.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Office Name: _____

Agent License # (if applicable): _____

Position: REALTOR® Appraiser Appraiser Trainee Licensed Assistant Unlicensed Assistant Office Staff/Owner

Cell Phone: _____ Alternate Phone: _____

Email: _____ Website: _____

Birth Date: _____ Gender: Female Male

Designations: _____

Languages Spoken (other than English): _____

Are you a member of another Association/Board of REALTORS®? Yes No

If so, name of Association/Board: _____

Have you previously been a member of the MLS of Catawba Valley? Yes No

Are you a member of a real estate team? Yes No Are you interested in subscribing to Supra eKey? Yes No

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Date Activated: _____ MLS #: _____ Member Level: _____

Member Type: ADM ADML DR R Login Info Sent: _____



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MLS SERVICE REQUEST

MLSCV Service fees are as follows:

- \$75 Member Participant \$55 Subscriber (REALTOR® or Licensed Assistant) \$10 Unlicensed Assistant

Subscriber initiation fee \$250.00 (Assistants excluded). Cash or check payable to MLSCV.

If MLS service is requested after the monthly deadline, there may be an additional \$30 service fee.

A Subscriber Information form must also accompany the MLS Service Request upon submission. Member Participant signature required to process. If joining a team, the Team Request Form must be submitted.

Subscriber Name:

(as shown on license)

Effective Date: _____

Last

First

M.I.

Office Name: _____

SUBSCRIBER/MEMBER PARTICIPANT ACKNOWLEDGEMENT

I understand that in accordance with the MLS of Catawba Valley, Inc. (MLSCV) Bylaws, I must hold a valid North Carolina or South Carolina real estate provisional broker or broker license or I am a North Carolina or South Carolina licensed or certified appraiser, and am affiliated with a Member Participant of the MLSCV. I acknowledge that I am responsible for completely reading the MLSCV Bylaws and Rules and Regulations, and as a condition of my continuing subscription, I agree to fully adhere to and comply with each.

Further, as an express condition of becoming a Subscriber in the MLSCV, I irrevocably waive and release any possible right that I may have to bring any cause of action or claim for libel, slander or defamation that might possibly arise from the filing of any report against me for an alleged violation of MLSCV Rules or Regulations and/or the filing or consideration of any arbitration request or any ethics complaint that may be brought against me by any Member of the Catawba Valley Association of REALTORS® or by the Grievance Committee of the Association.

I understand that MLSCV requires any applicant for MLS participation and any licensee (including licensed or certified appraisers and appraisal trainees) affiliated with an MLS Member Participant who has access to and use of MLS-generated information to complete an orientation program of no more than eight classroom hours (*MLS only subscribers excluded except for Member Participant*). The orientation includes MLS Rules and Regulations along with computer training related to MLS information entry and retrieval and to the operation of the MLS.

Realtor® members of the Association as well as Realtors® who are not Association members and participate in MLSCV through another association are also subject to the Code of Ethics on the same terms and conditions as Association members.

By signing below, I consent that the Realtor® association (local, state and national) and their subsidiaries, if any (e.g.MLS) may contact me at the specified address, telephone numbers, fax numbers, e-mail or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

I acknowledge that I have read, understood and agree to the above:

Subscriber Signature

Date

As a Member Participant (MP) in MLSCV, I request service for the above subscriber and agree to pay the monthly service fee for which I am responsible.

I understand that MLSCV automatically assumes that all licensed individuals affiliated with my firm have access to and utilize the service and, therefore, I am required to have each agent subscribe to the service. Also, I understand that all licensed individuals in my firm must abide by the MLS Bylaws and the Rules and Regulations. I further understand that if a licensed individual affiliated with this firm does not have access to, or does not utilize the service, that I may apply for a waiver which would exempt that particular individual from subscribing to the service. Waivers must be renewed annually.

I acknowledge that I have read, understood and agree to all the above:

Member Participant Signature

Date

For Office Use Only

DATE RECEIVED: _____ SERVICE EFFECTIVE: _____ VERIFICATION SIGNATURE _____

Member Type: ADM ADML DR R



MLSCV WAIVER REQUEST FORM

Please read the following and complete the bottom of this form entirely.

Except in instances where a waiver is granted as noted below, all active real estate licensees, including those who are part of a real estate team or who represent buyers exclusively, licensed or certified appraisers and appraisal trainees affiliated with a Member Participant (MP) must subscribe to the MLS. Applying for a waiver requires the signature of the MP and must be approved. **Waivers are good for one year and must be renewed.**

While on waiver from the MLSCV, any licensee found to be a party to a listing agreement, a buyer agency agreement or named as the listing agent or selling agent on a purchase agreement for a property listed only in the MLSCV/CarolinaMLS will immediately be activated as a Subscriber, charged the MLSCV start-up fee and all applicable fees back to the initial date of the violation of this waiver policy and may be fined. The agent will also be scheduled to attend the next available MLSCV New Member Orientation (if applicable). **In addition, the Member Participant of the office will be fined \$1,000.** When MLSCV revokes a waiver, the MP may not apply for a new waiver for that licensee until one year from the date of revocation.

Member Services staff administratively approves waiver requests for the following reasons. The MLSCV Board of Directors must approve any waiver request for a reason not listed below.

- 1. **PROPERTY MANAGEMENT:** Associates with an active license who deal exclusively in property management or commercial and industrial properties and who do not access the MLS system for any reason.
- 2. **OFFICER:** Principals or officers of the company with an active license, but who are not actively engaged in general real estate brokerage and who do not access the MLS system for any reason.
- 3. **NEW HOMES:** Any agent associated with a MP who represents a new-home builder and handles on-site sales only, either working directly for the builder or indirectly for a MP representing the builder and who do not access the MLS system for any reason.
- 4. **REFERRAL AGENT:** Any associated licensees who receive referrals only and do not use the MLS data in any manner to generate those referrals and are not engaged in listing or selling real property.
- 5. **COMMERCIAL/OTHER MLS:** Any licensee with an MP of MLS who exclusively subscribes to and markets listings in another MLS provided that such other MLS grants the same waiver for any licensee who exclusively subscribes to and markets listings in MLSCV. Listings that are co-listed with other licensees who are not MPs or MLSCV Subscribers shall not be entered into the MLS. *Please indicate the name of the MLS that is utilized: _____
- 6. **APPRAISER/APPRAISER TRAINEE/REAL ESTATE LICENSEE:** Any real estate licensee, certified or licensed appraiser or appraiser trainee who already subscribes to the MLSCV under (firm)

PLEASE FILL OUT COMPLETELY

Certification of Broker/Salesman affiliated with Member Participant (MP)

I, _____ (Agent, print), (Real Estate Lic NC # _____ SC # _____) do not use any services of the MLS under the below indicated firm. I understand that if I should utilize the MLS in any form, at any time, the Member Participant with whom I am affiliated is obliged to pay the required set-up and subscription fee.

Agent's Signature: _____ Date _____

Certification of Member Participant (MP)

I, _____ (MP, print), MLS ID # _____, agree that the above-named agent does not utilize the MLSCV in any way under my firm, _____.

I understand that the licensee must renew this waiver on an annual basis and that if the renewal is not submitted by the due date. I will be billed a subscriber fee for each licensee affiliated with my firm who has not submitted a Waiver renewal form or has not subscribed to the MLS. If I fail to pay these fees, I understand that my firm's MLS membership may be suspended. I have read the above and agree to the terms of this waiver and hereby request that the above-named licensee be granted a waiver from the MLS for the reason indicated above (check one).

Member Participant's Signature: _____ Date _____

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DATE RECEIVED _____ WAIVER EFFECTIVE _____ VERIFICATION SIGNATURE _____



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MLS CERTIFICATION FORM

AS PROVIDED IN THE ASSOCIATION BY-LAWS AND THE MLS RULES AND REGULATIONS, I AM CERTIFYING ALL LICENSED INDIVIDUALS AFFILIATED WITH THIS FIRM BY LISTING THEIR NAMES BELOW. THE CERTIFICATION FORM IS DUE AT THE MLS OFFICE NO LATER THAN JANUARY 31st. FAILURE TO RETURN THIS FORM WILL RESULT IN A \$50.00 FINE. I UNDERSTAND THAT MLS REQUIRES ALL LICENSED INDIVIDUALS IN MY FIRM, WHO HAVE ACCESS TO AND UTILIZE THE SERVICE TO SUBSCRIBE TO THE MLS, THEREFORE, I AGREE TO PAY SUBSCRIPTION FEES ON A MONTHLY BASIS FOR EACH INDIVIDUAL.

I FURTHER UNDERSTAND THAT IF A LICENSED INDIVIDUAL AFFILIATED WITH THIS FIRM DOES NOT UTILIZE THE SERVICE, THAT I MAY APPLY FOR A WAIVER BY SUBMITTING AN AFFIDAVIT OF INDIVIDUAL FORM TO THE MLS BOARD OF DIRECTORS. IF APPROVED, THAT INDIVIDUAL WOULD BE EXEMPT FROM SUBSCRIBING TO THE MLS SERVICE.

NAME OF FIRM _____ ()
 PHONE NUMBER _____

ADDRESS _____

SIGNATURE OF MLS PARTICIPANT _____ DATE _____

CERTIFICATION LIST OF INDIVIDUALS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If there is not enough space available, please attach an additional list of individuals)

FOR OFFICE USE ONLY	
DATE FORM SENT _____	STAFF VERIFICATION _____
DATE RETURNED _____	EXECUTIVE OFFICER _____
DATE VERIFIED _____	PRESIDENT _____